

Statement of

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Thank you, Mr. Chairman and members of the Committee. I appreciate the opportunity to discuss the Administration's proposal to compensate current and former workers in the Nation's nuclear weapons complex who have become ill due to hazardous workplace exposures unique to the production of nuclear weapons. This is an issue that has been discussed and debated for many years and we are pleased to see that a consensus is emerging that we need to take care of the men and women whose courage and hard work brought victory in the Cold War.

For more than 60 years, the Department of Energy and its predecessor agencies operated a massive and extensive industrial enterprise to build and test nuclear weapons. DOE has owned and its contractors have operated a nationwide network of heavy industrial Plants and research facilities involved in every aspect of weapons production -- from the refining of raw materials to the testing of the bombs, and, ultimately, to weapons stockpile management and environmental cleanup made necessary by nuclear production and testing. It has been estimated that, since 1949, the United States has spent \$5.5 trillion on U.S. nuclear weapons and weapons-related programs and that more than 600,000 workers were involved in the construction, maintenance, operations, and scientific activities at DOE-owned facilities.

We know that some current and former contractor workers at certain DOE facilities faced serious hazards in the past that our safety regulations of today would not allow. Some were exposed to radiation and dangerous chemicals and may be at increased risk of illness from workplace exposures in the atomic weapons complex. It is the policy of this Administration that it is the Government's responsibility to take care of and compensate these workers.

These workers faithfully served the Nation and faced risk to their health. Many of DOE's workers are employed by private contractors who operate the Department's weapons Plants, and are thus not eligible for Federal Employee's benefits. Requests for workers' compensation benefits for an injury or illness that a DOE contractor worker sustains on the job are handled through the state workers' compensation program in that state where the particular DOE facility is located; workers are thus not eligible for federal benefits.

We have found that DOE contract workers with occupational illnesses have, in many cases, a difficult time receiving compensation at the State level. It is not always clear that illnesses, such as cancer or lung disease, are directly related to workplace exposures, and diseases can have long latency periods before workers become disabled or need medical care. This problem has been exacerbated by the Department's former policy of not encouraging its contractors to support the claims of workers with occupational illness who sought state benefits.

The Clinton Administration is committed to reversing that policy. In an historic announcement in July 1999, Secretary Richardson, joined by several Members of Congress, announced that the Administration would propose legislation to provide compensation for victims of beryllium disease who worked in the nuclear weapons complex. A separate provision to compensate certain workers at the Paducah Gaseous Diffusion Plant was later added because those workers had been exposed to radioactive materials without their full knowledge or adequate

protections and monitoring -- and, as a result, faced risk to their health. This proposal was the first recognition by the federal government that workers made ill from exposures in the nuclear weapons complex should be compensated for their illnesses. The Administration proposal was subsequently introduced in the Congress as H.R. 3418 and S. 1954.

At the same time, President Clinton directed the National Economic Council -- including the Secretaries of Defense, Labor, and Energy, the Attorney General, the Director of the Office of Management and Budget, and the Assistant to the President for Economic Policy -- to establish an interagency review led by the National Economic Council to assess whether there are other illnesses that warrant inclusion in this program and how this should be accomplished.

The Administration undertook a number of activities to support that effort. First, the National Economic Council assembled an interagency panel of experts in the fields of public and occupational health to review and assess available epidemiological studies and other information related to the DOE workforce to determine if there is occupational illness in current and former contract DOE workers from exposures to occupational hazards in nuclear weapons production and, if so, to evaluate the strength of that evidence. The panel concluded that there is evidence that suggests that some current and former contractor workers at DOE nuclear weapons production facilities may be at increased risk of illness from occupational exposures to ionizing radiation and other chemical and physical hazards, such as beryllium, associated with the production of nuclear weapons. For certain groups of workers in certain facilities, there is evidence that suggests a strong association between employment and adverse health outcomes. Some studies indicate there may be an increased risk of adverse health outcomes with increased levels of exposure to ionizing radiation.

In addition, the Panel concluded that early results from the Department's medical monitoring of former workers provide evidence that some former workers in potential high risk job categories at some facilities have experienced adverse health outcomes, particularly in the form of nonmalignant lung diseases. Mortality studies have also shown evidence that workers at several facilities have experienced excesses of nonmalignant lung diseases.

The second task directed by the President was to review state workers' compensation programs for DOE contract workers and how they compare with the Federal Employees' Compensation Act (FECA) program. Among the working group findings:

- There are potentially large disparities among states and between states and the FECA system in wage replacement.
- Differences exist in how states define eligibility for compensation, such as statutes of limitation provisions. Many occupational diseases, such as some cancers, manifest years after exposure to the hazardous agent. This "latency" problem can present an insurmountable barrier to a worker receiving compensation in a state with particular statutes of limitations.

- Many workers who believe they have an occupational illness do not file claims, making it difficult to rely solely on existing data or currently reported cases to fully characterize the degree to which workers with occupational illnesses in the DOE workforce are eligible for and receiving workers' compensation benefits.

Given the inherent differences among state workers' compensation systems, the working group concluded that a DOE contractor worker cannot expect the same treatment in any two states, no matter how similar the illness, facility, work and income rate.

Concurrent with this review, DOE conducted an informal survey of more than 1500 self-selected contractor workers who believe they have a work-related illness. Results again indicate that many such workers have not filed claims for state workers' compensation. Workers gave a variety of reasons for not filing, including: not believing they could establish the work-relatedness of their illness; not knowing eligibility rules; pursuing claims under other benefits systems such as disability insurance and medicare; and believing that the company discouraged them from filing.

Another important activity was the conduct of public meetings at several of our major DOE sites to hear directly from current and former workers. To date, we have held meetings in: Paducah, KY; Piketon, OH (Portsmouth Gaseous Diffusion Plant); Oak Ridge, TN; Rocky Flats, CO; Hanford, WA; Nevada Test Site, NV; and Los Alamos, NM. Approximately 2,300 current, and retired workers and/or their family members attended the meetings. More than 330 shared their stories.

Overall, we heard from DOE contractor employees who are proud of the work they have done to protect our national security. Most have no regrets about their work, but some feel betrayed that the government may have made them sick through needless exposures to the wide variety of hazards found at DOE facilities. Others feel sadness and disappointment from the perception that their government may have lied to them about the dangers of their work.

We saw many workers who are very ill, yet courageously gave testimonies on their work, health, and workers' compensation histories. We heard from workers with Chronic Beryllium Disease, asbestosis, and silicosis who arrived at the meetings with oxygen tanks. We heard from many workers who reported diagnoses of cancers, including kidney, bone, lymphomas, multiple myelomas, and leukemias. The vast majority of workers told us that they would not file for workers' compensation because they believed that claims would be routinely denied. The minority of workers who did apply rarely won their claims and many cases lasted for years. The few who were able to win their workers' compensation claims said they did not receive benefits adequate to their need for medical treatment and lost wages.

On April 12 of this year Secretary Richardson announced that the Administration would expand its original proposal. The expanded Administration proposal would compensate more than 3,000 workers with a broad range of work-related illnesses throughout the Energy Department's nuclear weapons complex. In addition, the program for Paducah workers would be expanded to include workers from all three gaseous Diffusion Plants -- Paducah, Portsmouth, and

Oak Ridge's K-25. The Administration's enhanced proposal would provide:

- *for workers with beryllium-related illnesses* – compensation comparable to benefits provided by the Federal Employees' Compensation Act, including medical costs, lost wages and job retraining. All medical expenses would be paid in full by the compensation program, including prescriptions, treatments and travel costs. Workers diagnosed with a beryllium-related pulmonary condition before the legislation passes would also be able to choose a \$100,000 lump sum benefit. This applies to any past or present DOE worker with Chronic Beryllium Disease – including Federal and contractor employees, as well as individuals who worked for companies that manufactured beryllium for the U.S. Government;
- *for workers with radiation-related cancers* – benefits the same as those for beryllium-affected workers, including full, first-dollar medical coverage, lost wages and job retraining, when the cancer is more likely than not caused by occupational radiation exposure. Workers diagnosed with a cancer caused by exposure to certain kinds of radiation before the legislation passes would also be able to choose a \$100,000 lump sum benefit;
- *for Gaseous Diffusion Plant workers* – \$100,000 lump sum benefits would be available to workers with specific types of cancer at the Department's three former gaseous Diffusion Plants and, upon Secretarial approval, to a group of workers at the Department's East Tennessee Technology Park in Oak Ridge who have illnesses an independent panel of physicians determines are caused by workplace exposures. These workers might also be eligible for benefits under the program for workers with radiation-related cancers; and for workers with other occupational illnesses.

The Secretary also announced that the Department would establish an office to assist workers with illnesses not specifically addressed in the legislative proposal obtain state workers' compensation benefits.

Other Activities

The Committee also requested an update of other activities underway at the three gaseous Diffusion Plants. They are: independent oversight investigations, the mass balance study, the worker exposure assessment, and the medical monitoring program.

Results from Oversight Investigations

As the Committee knows, our Independent Oversight Office has completed its comprehensive review at the Paducah Gaseous Diffusion Plant and submitted a final report last month which is a matter of public record. We have completed our work at the Portsmouth plant and are currently finalizing our report. We plan to release our report by the end of this month. Our team has begun its review of the Oak Ridge gaseous Diffusion plant and work is well underway.

Mass Flow Study

The goal of this study is to reconstruct the historical generation and flow of recycled uranium, determine the transuranic and fission product contamination in the uranium, and determine where that contamination could have presented a significant worker exposure or environmental hazard. To conduct this review, all the source sites are comparing records of their shipments of recycled uranium, and the major receiver sites are reviewing their receipts, shipments, and process histories.

In general, the material shipped to Paducah and the other sites contained only trace amounts of transuranics, e.g., less than ten parts per billion of plutonium (some shipments from the separations Plants may have been higher). We are also looking at processes on the sites that may have concentrated transuranics to a point where the radiological dose from them would be significant. Knowing these, and their history, will allow us to further pursue potential exposure of workers or environmental contamination.

Draft site reports are currently being reviewed for the four source sites (Hanford, Savannah River, Idaho and West Valley), the three Gaseous Diffusion Plants (Paducah, Portsmouth and Oak Ridge) and Fernald, (including Weldon Spring and Reactive Metals Incorporated). The next step is to develop a complex-wide report involving recycled uranium, transuranics and fission products, and associated constituents, along with the potential areas and time frames for potential worker exposure and environmental release. The goal for the completion of this report is June 2000.

Exposure Assessment Project

The goal of the Exposure Assessment Project is to determine the workplace environments where Gaseous Diffusion plant workers would be exposed to radiation, the specific activities that allowed for radiation exposure, at what times workers were exposed to radiation, and what levels of worker radiation exposure were received from recycled uranium and its contaminants.

The Exposure Assessment team has received from the Paducah contractor a database of all available dosimetry information for both Paducah and Portsmouth, transcribed interviews that were conducted by the Oversight investigation team and created a library of critical documents. The team is progressing with its analysis with the goal of a preliminary report on Paducah by June 2000. Subsequent reviews at the other two sites will be determined by the results of this initial assessment.

Based upon a preliminary analysis of contractor provided operational data of worker radiation exposures for 1953-1988, it is estimated that of the 6000-7000 former workers examined, approximately 2500-4000, or roughly half, could have been at a higher probability for radiation exposure. A further analysis of the external dosimetry records indicates that a few hundred workers may have received external annual radiation exposures in the range of 2-5 rem. These figures do not include workers who may have received internal exposures to radioactive materials or may have been involved in emergency events.

An important part of this preliminary work is to validate the data provided by the contractor. Also, since the urinalysis and whole body counting results provided were only in the form of raw data and were primarily for uranium, complex modeling is necessary to validate and calculate potential internal dose estimates that also take into consideration the transuranic (e.g. plutonium, neptunium) contribution. These internal worker doses will have to be added to worker external doses to estimate total radiation doses to workers. A more complete assessment of the exposure potential at Paducah will be available this Spring.

Medical Monitoring Program for Current and Former Workers

In his August 1999 action plan, Secretary Richardson announced the medical monitoring programs at all three Gaseous Diffusion Plants would be expanded and that they would include current workers. The program is conducted independently from the Department and is managed by a consortium including the PACE union. The screening program is focused mainly on detecting diseases of the lung, gastrointestinal system, genitourinary system, and hearing loss. All participants receive a core medical exam including medical and exposure questionnaires; physical examination; spirometry; chest x-ray; audiometry; routine blood count and chemistries; and urinalysis.

Screening began in May 1999 at Paducah and Portsmouth, and in June 1999 at Oak Ridge K-25. Through mid-February 2000, the project has screened 945 workers -- 355 at K-25, 270 at Portsmouth, and 320 at Paducah. Preliminary findings from the first 243 workers examined indicate that 11 percent had emphysema, 27 percent had chronic bronchitis, and 12 percent had chest x-rays showing asbestos-related lung changes. Initial funding for the expanded medical monitoring program has been provided to the consortium. Full funding for first-year activities is contingent upon Congressional approval of DOE's Fiscal Year 2000 supplemental budget request.

Mr. Chairman, that concludes my testimony. I would be pleased to answer any questions from the Committee.